

# Urologic Complications of Diabetes

December 3-4, 2003

Lister Hill Auditorium  
National Institutes of Health  
Bethesda, Maryland

## REGISTRATION FORM

Deadline: **November 10, 2003**

**Please print or type.** *One form per person.*

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Title: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please check here for disability accommodations. ☐

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**Registration fee: \$100**

### Payment Method:

Visa ☐

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Credit card #: \_\_\_\_\_ Exp. \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax this form to (301) 897-9587 or mail with payment by *November 10, 2003*:**

### Urologic Complications of Diabetes Workshop

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Bethesda, MD 20817

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